



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Rueger et al.

Serial No: 08/937,756

Filed: September 25, 1997

For: MORPHOGEN-INDUCED NERVE
REGENERATION AND REPAIR

Attorney Docket No. CIBT-P06-504

Art Unit: 1647

Examiner: S. Turner, Ph.D.

#42
DQJ
2/13/03

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

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January 29, 2003

Date of Signature
and of Mail Deposit

Joanne Ryan
Joanne Ryan

Commissioner of Patents
Washington, D.C. 20231

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FEB 10 2003

REPLY TO RESTRICTION REQUIREMENT

TECH CENTER 1800/2500

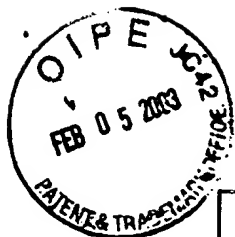
Sir:

In reply to the outstanding Restriction Requirement, mailed November 29, 2002, in connection with the above application, Applicants hereby elect Group I (claims 91, and 105-108), with traverse. The time period for response has been extended to January 29, 2003, by the accompanying petition for one month extension.

In the claims:

For the convenience of the Examiner, all claims being examined, whether or not amended, are presented below.

91. **(Reiterated)** A method for stimulating the production of an N-CAM or L1 isoform in a neuronal cell, comprising contacting the neuronal cell with a morphogen comprising a



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PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/937756
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	September 25, 1997
110.00		First Named Inventor	David C. Rueger
		Examiner Name	S. Turner
		Group Art Unit	1647
		Attorney Docket No.	CIBT-P06-504

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None		
Deposit Account Number	18-1945		
Deposit Account Name	Ropes & Gray		
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 750	2001 375
1002 330	2002 165
1003 520	2003 260
1004 750	2004 375
1005 160	2005 80
SUBTOTAL (1) (\$)	
0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	Extra Claims
Independent Claims	Fee from below
Multiple Dependent	Fee Paid
SUBTOTAL (2) (\$)	
0.00	

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 410	2252 205
1253 930	2253 465
1254 1,450	2254 725
1255 1,970	2255 985
1401 320	2401 160
1402 320	2402 160
1403 280	2403 140
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,300	2453 650
1501 1,300	2501 650
1502 470	2502 235
1503 630	2503 315
1460 130	1460 130
1807 50	1807 50
1806 180	1806 180
8021 40	8021 40
1809 750	2809 375
1810 750	2810 375
1801 750	2801 375
1802 900	1802 900
SUBTOTAL (3) (\$)	
110.00	

SUBMITTED BY

Name (Print/Type)	Yu Lu	Registration No. (Attorney/Agent)	50,306	Telephone	(617) 951-7268
Signature		Date	January 29, 2003		

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Dated: 1/29/03 Signature: Joanne Ryan (Joanne Ryan)